


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90405 010 ***150.00

DOCUMENT # K79963 1. Entity Name: SANFIVE, INC.					
Principal Place of Business 555 NE 30TH ST APT 1003 MIAMI, FL 33137 US			Mailing Address P O BOX 2059 YABUCOA, PR 00767 US		
2. Principal Place of Business - No P.O. Box # 555 NE 30th ST.		3. Mailing Address 			
Suite, Apt. #, etc. Apt. 1001		Suite, Apt. #, etc. 			
City & State Miami FL		City & State 		4. FEI Number 65-0178544	
Zip 33137		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SANTERINI, GIORGIO 555 NE 30TH ST APT 1003 MIAMI, FL 33137			7. Name and Address of New Registered Agent Name Giorgio Santerini Street Address (P.O. Box Number is Not Acceptable) 555 NE 30th St. Apt. 1001 City Miami FL Zip Code 33137		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>Giorgio Santerini</i></u> DATE <u>04/23/08</u> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDS SANTERINI, GIORGIO 555 NE 30TH ST APT 1003 MIAMI, FL	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDS Giorgio Santerini 555 NE 30th St. Apt. 1001 Miami FL 33137
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GIOVANNI, SANTERINI 555 NE 30TH ST APT 1003 MIAMI, FL	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Patricia Santerini 555 NE 30th St. Apt. 1001 Miami FL 33137
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SANTERINI, PATRICIA 555 NE 30ST #1003 MIAMI, FL 33137	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>Giorgio Santerini</i></u> GIORGIO SANTERINI <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				04/23/08 (787) 893-4660 <small>Date Daytime Phone #</small>	